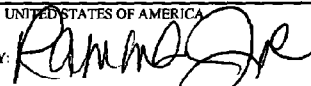


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.									
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.									
1. CONTRACT/PURCH ORDER NO. <b>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZ4G</b>		3. DATE OF ORDER (YYMMDD) <b>2003 SEP 09</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03203000475</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Miller@dla.mil</b>		CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b>		CODE <b>S0707A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR <b>SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>		CODE <b>78286</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>265 DAYS ARO</b>		11. MARK IF BUSINESS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS						12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>		CODE		15. PAYMENT WILL BE MADE BY <b>HQ0337</b>		CODE <b>HQ0337</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
				<b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b>				<b>EFT: T</b>	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your <b>offer dated 2003 SEP 05, CQ3UM03</b> and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
<input type="checkbox"/> NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	Remarks: <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL: 2</b>					
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: 		25. TOTAL \$ <b>732.48</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____								33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	
								34. CHECK NUMBER	
								35. BILL OF LADING NO.	

## CONTINUATION SHEET

Order Number:

N00383-01-G-015N-UZ4G

PAGE OF PAGES

2 4

## SECTION B

PR YPC03203000475  
NSN 1740-01-036-8916

## ITEM DESCRIPTION:

CABLE ASSEMBLY.  
SIKORSKY AIRCRAFT CORP (78286) P/N 65700-70020-085

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03203000475	0001	1	EA	\$366.24000	\$366.24

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 MAY 31

## PARCEL POST ADDRESS:

R09124  
AVIATION SUPPLY DEPARTMENT  
MALSEK FIRST MAW ASE MCBH  
BOX 63048  
KANEOME BAY HI 96863-3048

## FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) R0912431952614 XXX  
RDD 777 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ AK1 TP 2  
SUP ADD SIG A

CONTINUED ON NEXT PAGE

## CONTINUATION SHEET

Order Number:

N00383-01-G-015N-UZ4G

PAGE OF PAGES

3

4

## SECTION B

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

R09124  
AVIATION SUPPLY DEPARTMENT  
MALSEK 1ST MAW ASE TEL 808 257 0809  
BLDG 373 B STREET  
MCB H KANEOHE BAY HI 96863-3048

FOR GOVERNMENT USE ONLY: IPD 06

DIC A01 DIST 9C ADV FC 7L

\*\*\*\*\*

ITEM	PR	PRLI	QUANTITY	UNIT	UNIT PRICE	AMOUNT
2002	YPC03203000475	0002	1	EA	\$366.24000	\$366.24

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 MAY 31

PARCEL POST ADDRESS:

R09124  
AVIATION SUPPLY DEPARTMENT  
MALSEK FIRST MAW ASE MCBH  
BOX 63048  
KANEOHE BAY HI 96863-3048

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) R0912431952634 XXX  
RDD 777 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ AK1 TP 2  
SUP ADD SIG A

CONTINUED ON NEXT PAGE

## CONTINUATION SHEET

Order Number:

N00383-01-G-015N-UZ4G

PAGE OF PAGES

4

4

## SECTION B

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

R09124  
AVIATION SUPPLY DEPARTMENT  
MALSEK 1ST MAW ASE TEL 808 257 0809  
BLDG 373 B STREET  
MCB H KANEOHE BAY HI 96863-3048

FOR GOVERNMENT USE ONLY: IPD 06

DIC A01 DIST 9C ADV FC 7L

\*\*\*\*\*

REMIT PAYMENT TO:

\*\*\*\*\*